**Male infertility as relational: An analysis of men's reported encounters with family members and friends in the context of delayed conception.**

**Abstract**

Relational aspects of infertility are understandably often viewed through a dyadic lens, which has typically prioritised women’s experiences of infertility, simultaneously burdening women and marginalising men’s accounts from understandings of reproduction. Men’s infertility experiences in relation to the role and impact on other relationships have yet to be examined in detail. This paper considers data from a sample of 41 men who completed a qualitative questionnaire about their experiences of infertility. Our thematic analysis of relationship-relevant responses generated two key themes: disruption of temporal horizons; and friends and family members as ‘outsiders’. Our analysis develops insights into the emotional labour involved in managing relationships with friends and family members in the challenging context of infertility and highlights the problems associated with ‘support’ offered by significant others. The value of understanding infertility as a relational phenomenon that is shaped and constrained by close relationships and wider social norms is elaborated, with implications for healthcare practice also discussed.

**Keywords:** Infertility, Relationships, Stigma, Men’s experiences, Qualitative Research

**Introduction**

Infertility impacts on multiple facets of life for those who experience it. Defined as the difficulty in achieving conception, infertility is now believed to effect one in six heterosexual couples. Recent research has facilitated greater insight into men’s experiences and perspectives around infertility (Barnes, 2014; Daniels, 2008; Bell, 2016; Hinton and Miller, 2013; Throsby and Gill, 2004; Malik and Coulson, 2008; Hanna and Gough, 2015), including men’s perceptions of their (often gendered and normative) roles within their primary relationships (see Throsby and Gill, 2004; Malik and Coulson, 2008; Hanna and Gough, 2017). However, we still know little about men’s reflections and feelings about their interactions with significant others, such as friends and family members in the context of infertility, or how their key relationships are impacted at different stages (Hanna and Gough, 2017). Some evidence suggests men may not talk to others about infertility, due to it not being ‘what men do’ (Dolan et al., 2017), but how do men feel about the impact of this silence on those relationships? Men remain marginalised in the context of understandings of infertility (Bell, 2016), and while attempts to bring men into our understandings of reproduction do exist (see Culley, Hudson and Lohan, 2013; Lohan, 2015), the relative neglect of relationship-focused research featuring men around infertility reinforce gender norms that women are chiefly responsible for care, friendship and family.

Much of the literature that has explored the connections between infertility and relationships has looked at intimate partner relationships, often from the perspective of women. As Pasch and Sullivan (2017) rightly note, infertility - from diagnosis, to undertaking treatment, to imagined and actual parenthood - is a dyadic endeavour. The extant literature, however, is often inconclusive regarding the impact of infertility on partner relationships (see Hi-Kwan Luk and Loke, 2015; Pasch and Sullivan, 2017). While some studies report negative impacts on sexual aspects for men (Hi-Kwan Luk and Loke, 2015; Pasch and Sullivan, 2017; Daniluk, 1988), others suggest that women experience sexual issues more frequently than men as a result of infertility (see Griel, 1997; Winkelman et al., 2016). Similarly, early research suggested that infertility could be implicated in the disruption or breakdown of relationships (Griel, 1997), although evidence now suggests that marital benefit can be experienced, with some couples reporting greater closeness or strength within their relationships (Peterson et al, 2011; Daniluk, 2001). Some work reports men feeling that their relationships lack sustainability due to the future threat of a ‘fertile’ man, and thus men’s understandings of infertility and relationships is mediated through ideals around hegemonic masculinity (Dolan et al., 2017). Our own work has suggested that infertility can be challenging and complex for relationships, and that gendered norms and roles, such as men feeling that reproductive care settings are designed for women, can often be implicated in how those complexities are viewed and managed (Hanna and Gough, 2017). Even when men outwardly engage in ‘performances’ of normative gender roles, they may wish to be able to behave differently or express other ‘truer’ reflections of their feelings.

The existing literature does therefore provide some insights to help to contextualise the impact that infertility could have on relationships. While the dyadic focus of this literature is understandable, relationships for those experiencing infertility extend beyond the intimate partner context. Whilst sociology does address the meanings of adult personal relationships (e.g. Jamieson, Morgan, Crow and Allan, 2006), infertility research has remained somewhat bounded by the couple focus. While the existing evidence around broader family relationships is limited, there is some support for the notion that women experiencing infertility may be reluctant to speak to friends or family members about their experiences (Sormunen et al., 2017). There are also suggestions that the social networks of those who are involuntarily childless are different when compared to those who have children or are voluntarily childless (Wagner et al., 2015); some women may ‘self-impose’ isolation from friends and family as a result of infertility (Hasanpoor-Azghdy, Simbar and Vedadhir, 2015). Social stigma is also thought to be correlated with family views about infertility, particularly in countries or cultures where reproduction is viewed as highly normative and being childless a source of shame (Donkor and Sandall, 2007; Ergin et al, 2018; Daibes et al, 2018; Culley and Hudson, 2009), including for men within pro-natalist societies (such as middle Eastern countries, see Inhorn, 2004; and Africa, see Dyer et al., 2004). While some existing evidence suggests that families can exacerbate the distress experienced by couples who are navigating infertility (Hampshire, Blell and Simpson, 2012), men’s voices on these relational aspects of infertility are often lacking. Our previous research suggests that men may regard friends and family as a ‘poor source of comfort’ when experiencing infertility (Hanna and Gough, 2016; Hanna and Gough, 2018), but such perceptions have not been investigated further and we currently know little about the impact of infertility on relationships beyond the primary couple, particularly from men’s perspectives.

A mixed picture is therefore present within the extant literature; intimate partner relationships appear to be simultaneously at risk from infertility and strengthened, while social networks appear to be different from those who are voluntarily childless (but this may be due to self-imposed exile so the cause of such difference is unclear). Although a growing body of scholarship around men’s experiences of infertility (Dolan et al., 2017; Bell, 2016; Inhorn, 2012; Barnes, 2014) is now providing much needed insights, much of the literature continues to focus on either men and women, or solely women, and the picture remains somewhat confused around relationships. This paper then seeks to examine men’s accounts of relationship impact in the context of infertility, specifically looking at how any relationship changes are managed in relationships with significant others (friends, family members) rather than with intimate partners. Understanding these relational aspects of infertility remains important for considerations around how best to support those experiencing infertility, as well as for public education, particularly around stigma reduction in relation to fertility issues. In examining the intersection of personal relationships and infertility, we suggest that the broader context of infertility as relational and situated, for both men and women, can also be examined, and we will utilise the relational sociology approach of Crossley (2011) to examine how the infertility context and relationships are interpolated and intertwined in the lives of men experiencing infertility.

**Methodology**

This paper draws on data from a national qualitative questionnaire project into men’s experiences of infertility. Whilst questionnaires have historically been regarded as the preserve of quantitative methods, innovations in contemporary approaches to qualitative research have begun to examine the benefits of the questionnaire method being utilised to generate qualitative data (see Braun, Clarke and Gray, 2017). Our questionnaire incorporated a range of broad open-ended questions about men’s experiences of infertility. Existing research into men and infertility has noted challenges in gaining access to men’s accounts given the sensitive and often stigmatised nature of the topic (Lloyd, 1996). Contemporary research into male infertility has utilised online methods as a means to access men’s voices ‘where they are’ (See Hanna, 2019), and the value of qualitative questionnaires can be seen as part of this move towards remote, anonymous methods that still give priority to rich and detailed qualitative accounts that allow insight and understanding of the lived experiences of those experiencing infertility. As others have noted, qualitative questionnaires are under-used within qualitative research (Terry and Braun, 2017), and this qualitative questionnaire study into men’s experiences of infertility was the first of its kind within this area.

Qualitative questionnaires allow for open-ended data to be collected at a time and place of the participant’s choosing, for a wide range and number of people to participate, and for personal and sensitive material to be gathered anonymously (Terry and Braun, 2017). Of course, this method may not work for all, and may appeal especially to those who feel comfortable and confident in articulating their views and experiences in written format, and those who have access to the internet (if hosted online). We know that access to the internet remains unequal, thus this can be seen as a limitation of this method. Unlike qualitative interviews, there is no opportunity for the researcher to ask any further prompts or follow up questions to clarity information, as the data that is generated is ‘fixed’. However, this fixed nature does perhaps allow the participant to have more control over *their* story, in that they tell the researcher what they chose with no further elaboration. On balance, with this population group, who are largely geographically dispersed and hidden from social view, it seems a fruitful approach.

Our questionnaire comprised fifteen open questions; participants could choose to answer as many or as few questions as they wanted and write as much or as little for each answer as they felt was appropriate for them. Utilising an existing partnership with a national fertility charity (Fertility Network UK - FNUK), we initially recruited a pilot sample (six men in total) who completed the questionnaire draft and provided anonymous feedback via FNUK. The piloting feedback helped us understand how long the survey took to complete (between 20-50 mins) and feedback from the men highlighted that the questions were comprehensive, and that they were glad that research was including the ‘other 50%’ of reproductive parties. We recruited participants for the study proper through social media networks (Blogs, Twitter, Youtube video) and though FNUK advertising the research via their platforms (website, groups, social media). The inclusion criteria for participating in the questionnaire related to being male, over 18 and identifying as having experienced infertility. Their infertility diagnosis did not have to be their own, i.e. male factor, it could be female factor infertility or unexplained infertility within their intimate partner relationship. We did not specify that participants had to be undergoing fertility treatment (or ever having done so), and aimed to keep it as open as possible in terms of inclusion to enable as wide a cross section of participants as possible to complete the questionnaire.

The survey was ‘live’ for three months and we gained 41 respondents, totalling nearly 24,000 words of data. Whilst we primarily focused our recruitment on a UK audience, we did receive four international responses. The respondents predominantly identified as White British (78%) and just over half (51%) reported male factor diagnosis as a cause of their infertility. Participants came from a wide range of occupations, reflecting a diverse range of backgrounds and social class positions. 71% of those who completed the survey stated that they were not currently undergoing any treatment for their infertility (although many reported that they had previously undergone assisted reproduction or planned to do so again in the future). The average length of time that men reported they had been trying to conceive was 5 years.

In our analysis of four core questions relating to relationships from the broader questionnaire we were guided by the research question ‘How does infertility impact (both positively and negatively) on men’s relationships with others?’. Ethical approval for the research was obtained from the relevant university ethics committee ([University name blinded for review]: Ref: 36153). The data were analysed thematically using the constructionist thematic analysis approach detailed by Braun and Clarke (2006; 2013), paying attention to both what was said but also how it was said, which in a qualitative questionnaire means focusing on how the account was constructed, i.e. choice of wording as well as the content of the wording. The reflexive approach advocated by Braun and Clarke (2006) is a good fit for a study such as this whereby there is flexibility in the analytic approach, allowing for analysis of data such as this which originates as written rather than verbal data. The focus on making sense of collective experiences (Braun and Clarke, 2019) within thematic analysis is also highly valuable for this type of population, where the experience of male infertility is often *individualised* and not routinely viewed in a collective or shared way. Following the six step approach proposed by Braun and Clarke (2019), the lead author undertook the initial coding and generation of themes before discussion with the second author, resulting in the identification of two core themes around men’s experiences of friend and family relationships when experiencing infertility.

**Findings**

The analysis demonstrates that men’s experiences of infertility were indeed shaped and constrained by their significant others, often with negative consequences for men’s coping and sense of being supported. Whilst close social relationships are often viewed as a source of positive social interaction and engagement within the lives of social actors, for those experiencing infertility, relationships can themselves be a source of strain and challenge, compounding an already difficult experience. The men within our research demonstrated that their experiences were mediated through relationships and interactions with others, as we elaborate below.

**Disruption of temporal horizons**

Despite the growing numbers of people who chose to remain childless or childfree and the growing trend for delaying reproduction until later into adulthood, many people still hold normative expectations around becoming parents. As others have discussed (see Shirani and Henwood, 2011), infertility can be seen as a ‘disruption’ to temporal horizons, in that the planned-for life does not appear at the junctures when it was imagined:

‘It has impacted our relationship because we are both very unhappy. It has affected our view of the future, hopes and dreams. But as a couple we are very strong’ (P24).

Respondents often described this disruption of their perceived futures in highly emotive language, with the use of expressions such as ‘gutted’ and ‘robbed’ in the quote below demonstrating the emotional anguish that this altered lifecourse was generating:

‘we're both gutted. Our future looks very different to how we'd imagined it. We still can't believe that we have been robbed of the opportunity to have a family of our own’ (P20)

This change of future was also seen by some participants as a major source of loneliness for them - they were now differentiated from those with children, and also from those who had elected to not have children, a type of ‘no man’s land’:

‘We have drifted from friends who have children. You feel like your stuck in a void of society, alone on a island. Your not one of those couples who dont want kids who go off all the time, drink when they want to etc. I didn't want to talk to people about it, talking to those with kids, regardless of how difficult it was is pointless, they've won the lottery. Talking with people who never want kids is pointless, nothing to be gained and you just bore them. There isn't really anyone to talk to’ (P35).

Whilst some participants declared they had been able to move through the disruption of their imagined futures, that was a process of grieving in itself:

‘What brought me back was realising that I was focussing on a life that never was, and in the process giving up on myself and my own life - there was already too much loss and people needed me as much as I needed them’ (P16).

Some men suggested that their pets had been a comfort in filling the ‘void’ of the imagined child, bringing companionship into their lives in the absence of children:

‘we only have each other for the rest of our lives, so we seem to be getting into dogs and dog training quite a lot as companions’ (P26).

‘I have realized I don't need a kid to be happy. My wife now has helped me cope very well and understands my issues. We have 5 cats together. 3 of which we raised from new born. So that's a way to cope for me’. (P23)

For other respondents, the temporal disconnect between their desired future and the new reality of family life as a result of infertility was further highlighted or heightened by friends and family members having children. Often the perceived ease at which others were able to achieve the desired family was described as a further ‘blow’:

‘I'm jealous of those with babies! And my sister fell pregnant very easily and quickly, which seems unfair’ (P20)

Sometimes friends and families were seen to be incapable of understanding why a pregnancy announcement by them was a ‘trigger’ for sadness or a source of difficulty for the couple experiencing infertility:

‘a close family member on my wife’s side who had been her confidant throughout our journey announced her surprise pregnancy as a result of brief relationship. Though we politely explained her news was a trigger for sadness for us and that we had to concentrate on our treatment, my wife still saw her during downregulation. This was not enough for her. As a result, she set out to ruin the day we found out my wife fell pregnant. This included much verbal abuse followed by a disgusting letter, horrible phone calls, unpleasant text messages, ignoring me in my own house and even comments that she does not want me to be around her child’ (P6)

When the desire to have children was strong, and seemingly unachievable, the dismissal of the imagined future that involved having their own offspring by others was seen to be particularly hurtful:

‘we always got told, what’s meant to be will be, or the worst, children aren’t everything. That’s easy to say when you have them, but when all you want is your family that statement really cut’ (P2)

As others have noted, when the desired child does not arrive at the imagined life juncture, this can create a challenge for the emotions of the couple experiencing infertility, but also for the management of their relationships with others (Wallach and Mahlstedt, 1985). Disrupted temporal horizons are perhaps most keenly felt when the lives of others move on around those who feel ‘stuck’. The metaphor of the ‘island’ by one participant, where the infertile couple feel ‘marooned’ whist others continue around them, is therefore perhaps apt.

**Infertility insiders and outsiders**

The men in our study overwhelmingly reported that those who had not been through infertility did not ‘get it’. It was perceived that only through living infertility or fertility treatment could the experience be truly understood:

‘I've been lucky that friends and family have been as understanding as outsiders can be. But unless they've gone through it personally it is impossible for anyone to understand’ (P8)

‘I think people's lack of understanding of fertility issues demonstrates that most of us are only moved by an unpleasant life experience if it affects us personally. I have always tried to keep that in mind, but some days doing so is really is hard to achieve’ (P6).

The narration of those who do not experience infertility as ‘outsiders’ demonstrates the removal that men living with infertility can feel from ‘fertile others’; those experiencing infertility are inside the experience, whereas for their friends and family, who have not dealt with the issue of infertility personally, it is perceived as an alien or unimaginable experience. For some, the seeming inability for family or friends to empathise or support was viewed not as a shortcoming on the part of the friend or family member, but as a difficulty created by infertility itself:

‘Cliche again - but I don't think you can understand it if you haven't gone through it. They want to support, but it is so difficult to know what to do or say that often they will not say anything out of fear of saying he wrong thing’ (P39)

There was also an awareness by some participants that their own diagnosis of infertility did affect their families, particularly their parents, and that there was a sense of loss for family as a result of infertility. Some highlighted that even though family did not necessarily understand the experience of infertility, it did not mean that they too were not impacted by it:

‘I don't think anyone can truly understand the challenges unless they've been through it themselves. However, I've learnt from my side of the family that they have their own loss and have to come to terms with having an infertile son. That in itself is heartbreaking for any parent, not being able to fix it or help’ (P16).

The notion of the desire to ‘fix’ infertility was recurrent within participants’ responses around the reaction of friends and families to their reproductive situations. For example, some men noted that if they did share with friends or family about their infertility, those who had not been through the experience often wanted to offer ‘advice’ in an attempt to provide a ‘solution’ to a difficult situation:

‘they don't understand at all unless they've been through it themselves. Crass comments, insensitivity."Why don't you just adopt?, 3rd time lucky, stop trying then it'll happen, I'll have the baby for you, can't they clone one of you?, so and so just got some tablets and they were alright, an early miscarriage isn't as bad as a later one etc, etc...’ (P24)

‘On the whole, most people we told that we could not have our own children, then said, had we thought about adoption? Initially, when we kept hearing this one response, I felt very angry that this was their response, rather than just listening to what we had said, in that to me, this was a really hard thing to share with them, and their immediate off the shelf remark was, well, ok, have you thought about how to fix this? well, that is what it felt like. It's broken, quickly, it's an awkward subject - let's fix it’ (P27)

As infertility, particularly in relation to male infertility, remains a taboo subject (Barnes, 2014), the social silence around it appears to create a sense of challenge for some people in relation to what to say when faced with a disclosure of infertility from their friend or family member. Some men recalled some bizarre ‘advice’:

‘When I told my dad about being infertile, the first thing he said was "Well I can't help you, I had a vasectomy 30 years ago." What an odd thing to say. My dad has also said [I think while trying to empathise with me] that he regretted having kids!’ (P31)

‘Some extended family members and were advising me to take another wife which l declined and refused’ (P36)

In the face of the difficulties that respondents reported in relation to friends and family who were ‘outsiders’ to their infertility experience, many men detailed their quest to find other ‘insiders’ to try and gain support whilst going through infertility:

‘The contact I have now with similar people is helping me to cope better with infertility, but I only wish this had happened sooner’ (P6)

‘I didnt cope well, until the final year, when I created an online support group and started to talk openly about what we went through. I got more comfort in helping others, and making sure some good came from the bad’ (P2)

Similarly, others reported relying on their female partners in order to cope with the experience, drawing on the strength of their ‘insider’ positions together:

‘My wife has been very helpful and encouraging, I can now talk about it with her. Just opening up to people has helped ten-fold. Because we are doing IVF, I'm looking forward now to the outcome’ (P10)

‘I have struggled. My partner has been very supportive and patient’ (P32)

As we have discussed elsewhere, the ‘insider’ position of ‘getting it’ is seen as important to men who are experiencing infertility within their intimate partner relationships (Hanna and Gough, 2018; Hanna and Gough, 2017). Friends and family, by virtue of their outsider position, are perceived not to comprehend the challenges of infertility and as a result many felt that they were quick to offer advice that they found to be insensitive or ill-conceived. Whilst some understood that it was perhaps not easy for friends and family to know what to say or do, others felt that in order to overcome their own sense of awkwardness, friends and family were often less sensitive to the difficult nature of infertility than they perhaps could have been.

**Discussion**

Participants in our research reported a variety of impacts on their relationships as a result of infertility. Friends and family were then for the most part narrated as a poor source of support or comfort for men experiencing infertility. This chimes with our previous work (Hanna and Gough, 2018) and the notion that only ‘insiders’, those with lived experience of infertility, are able to truly comprehend the experience. Insiders were then seen as better source of support than friends or family, helping them to ‘cope’. So, while friends and family members are ‘insiders’ in relational terms, the infertility experience furnishes them with an ‘outsider’ status, unable to comprehend or appreciate the difficult terrain being navigated by the men and their partners. Such insights into shifting and fraught family relations adds to our knowledge about infertility journeys, previously limited to individual and couple accounts.

As Crossley notes,

‘…how actors act is shaped on various levels by the situations in which they ﬁnd themselves, the others involved and the relations they enjoy with those others. Action is always oriented to other actions and events within the networks in which the actor is embedded’ (Crossley, 2011: 2)

For men experiencing infertility, the event, *infertility,* leads to a (re) orientation of the networks between and with friends and family members. Infertility is a process which can have a powerful impact on otherwise stable and solid relationships, rendering them, either temporally or more permanently, altered.

That family members, specifically parents, may have their own losses to deal with in relation to an infertile son, was also noted as part of the context of infertility (see also Shaprio, 1982); thus even when viewed as ‘outsiders’, family may also move ‘inside’ the infertility experience, demonstrating the somewhat liquid nature of relationships and infertility (Crossley, 2011). If we accept that, ‘Actors are important then but we are not self-contained, self-sufﬁcient atoms. We are ‘movers’ in the social drama but not prime, unmoved movers. We are always agents-in-relation’ (Crossley, 2011: 2), then friends and family could be seen as ‘agents-in-relation’ to infertility; their responses, support, views about infertility being seen by men as an influence over their own feelings, response and management of the challenges that infertility brings to bear within their lives.

A main way that our participants described the negative experiences they had with friends and family members was through the seeming ‘tactless’ advice that family and friends offered to those experiencing infertility. This form of ‘well meaning’ advice from friends and family was often a catalyst for the drawing back of the man from these relationships, a mechanism (Crossley, 2011) for changes in the relationship that was often seen as detrimental to the likelihood of sharing their infertility experiences with those persons in the future. Fertility charities have sought to tackle such ‘advice’ through social media campaigns in recent years (see #FertilityEtiquette by Fertility Network UK on Twitter), demonstrating the perceived need to avoid insensitivity towards those experiencing infertility and to challenge the public ‘awkwardness’ around infertility talk. The desire to offer a solution or ‘fix’ for infertility was highlighted as a major way that men expressed frustration and anger about their friends and family. In many ways, these encounters with friends and family appeared to highlight the social silence around male infertility (Gannon et al., 2004), the difficulty that people feel about discussing infertility and the myths that persist (Bunting and Boivin, 2008), reinforcing infertility as a socio-cultural phenomenon (Griel, Mcquillan and Slauson-Bevins, 2011) that is founded on binary gendered positions about reproduction and family formation.

While the disruption of temporal horizons that infertility brings has been noted in extant work (see Shriani and Henwood, 2011), our research extends further the role that friends’ and families’ own lifecourse progressions and reproductive endeavours can have on this sense of ‘disruption’ for the infertile man. The normative expectations and timing milestones of parenthood are very pervasive for the infertile couple, with friends and family members often regarded as being unable to comprehend the jealousy that pregnancy announcements and births can engender. Evidence from the experiences of women experiencing infertility demonstrate how powerful this jealousy can be in disrupting relationships (See Whiteford and Gonzalez, 1995) and in feeling ‘left behind’, but given the construction of women as more focused on the desire for children, men’s feelings of jealousy and disruption have been less readily explored; our work therefore moves forwards our understandings of men’s experiences in this domain. As has been noted in relation to other contexts of illness or disease, temporality is a useful means for helping construct and understand the situation for the person experiencing medical issues:

‘By arranging the illness symptoms and events in temporal order and relating them to other events in our lives, a unified context is constructed and coherence is established’ (Hyden, 1997: 56)

However, in the context of infertility, temporality - specifically the seeming easy temporal flow of the lives of friends and family members - creates challenges for maintaining those relationships. Temporal disruption therefore may not only cause issues for the couple but also for wider interpersonal relationships, for example detaching from friends with or expecting children (see also Wagner et al., 2015). Conflicted emotions of being happy for someone who is expecting and simultaneously jealous of them has been reported by men experiencing infertility previously (Hanna and Gough, 2016) - demonstrating how multifaceted and fluid emotions can be in the same moment. The views of friends and family members are lacking from the literature and this broader understanding of the outward impacts of infertility on relationality would be of interest to gaining more situated understandings of fertility issues from the perspective of friends and family.

In detailing the various challenges or changes that they felt infertility had led to within their friend and family relationships, men often demonstrated the highly emotive nature of infertility - for themselves and others. Sadness, anger, jealousy, disappointment and frustration were all emotions identified by our participants. While men are traditionally reported as being ‘alexithymic’ (unable to express or narrate their emotions; Levant et al, 2003), the strength of emotion detailed here around their relationship encounters, converges with recent evidence that infertility is an emotionally distressing experience for men and one which they will detail if given opportunity to share their feelings in a way which feels appropriate to them (Hanna and Gough, 2016). Whilst some men demonstrated these more ‘emergent’ masculinities (Inhorn, 2012), others reproduced more traditional scripts around emotional control or restraint, suggesting that the intersection of emotions, relationships and gendered norms remains important for work around reproduction and infertility. Emotional labour is often seen as a feminised skill and as others have noted (see Exley and Letherby, 2001) we still know relatively little about the emotional work that occurs in private domains, such as within interpersonal relationships and particularly from the perspective of men.

De Boise and Hearn (2017) suggest that it would be fruitful for scholars of men and masculinities to explore who men direct their emotions towards and the embodiment of these emotions - assessing the way in which personal relationships are challenged within the context of infertility appears to provide a lens in which to do so. Thus, examining interpersonal relationships within the context of infertility reveals more than dynamics about interactions with others, but enables us to consider the wider social construction of infertility (Griel, MQuillan and Slauson-Bevins, 2011; Franklin, 1990) as a relational process (Hampshire, Blell and Simpson, 2012) that shapes both men’s’ and others’ views and responses to infertility. Men’s feelings about friends and families may well then embody wider mediated discourse around infertility (de Boise and Hearn, 2017) and as such it is important to consider it from a relational perspective (Crossley, 2011).

Limitations

There are a number of limitations in relation to this work. While the data provide valuable insights into the experiences of a larger number of men than many existing qualitative studies have captured, those who participated are self-selecting and may reflect abilities to engage with research of this type (i.e. having access to the internet and being able to articulate their experiences in writing). Those who chose to participate in online questionnaires such as ours, may not be representative of the wider cross-section of men who are experiencing infertility, thus the findings must be considered within this context. Understanding how men navigate their relationships with others therefore could usefully be extended out to encompass a more diverse cross section of men in future research as well as exploring the other side of the relationship dynamic (namely friends and families of those experiencing infertility) - this would enable broader conclusions to be drawn. As noted in the methods section, there is an inability of the researcher to prompt or probe in a qualitative questionnaire, so the findings are based on the narratives presented by the participants, whether further information could have been generated through verbal data generation encounters needs to be noted. Further studies that utilise verbal approaches to data generation to consolidate or differentiate the conclusions would be useful for extending our understandings of the role of friends and family in the lives of the infertile man.

In prioritising the views and perspectives of men in our study, we do not see the views of ‘significant others’, whose views are broadly lacking from our discourses around infertility. The perspective of friends and family members of those who are experiencing infertility would therefore be valuable to capture in future research in order that we understand more about the dynamic of the relationship impacts of infertility and how this holds possibility for changing relationships.

**Conclusion**

The impact of wider social relationships for men experiencing infertility has hitherto not been extensively examined in previous research, thus our paper offers important insight into how friends and family relationships can be damaged and damaging for men who are experiencing infertility. In exploring men’s social relationships and infertility in a broad sense, the support needs for men, specifically around having others who ‘get it’, and the potential need for support, are illuminated. The assumption that friends and family will provide the network of support needed for men during their fertility journey is therefore open to challenge, and awareness of the isolation that infertility can bring for men is needed within healthcare settings to ensure their health and wellbeing needs are best met. Exploring men’s perspectives of relationships in a broadly encompassing way, such as through their friend and family relationships, also allows us to consider the wider relational constructions of infertility that mediate social interactions. Male infertility is presented as something which friends and family felt men should be less bothered about; expressions of jealousy or anger about other peoples’ conception news, for example, were seen as unwanted and unexpected for friends and family. The narrative of ‘advice’- of finding ‘fixes’- for infertility also ties to wider notions in which male fertility is presented as uncomplicated (Daniels, 1997). Understanding how men perceive the complexities of the impact(s) of infertility on their relationships can then help us to not only understand more about their support needs to help manage the difficulties infertility may bring to these relationships but also to understand more about the way in which external and socially constructed ideas about infertility, relationships and interactions intersect for men and their social networks. Infertility itself is therefore a relational experience, and something which can itself be a mechanism for changes in the broader social network of men who are themselves experiencing infertility.

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